

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN3915AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/03/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>CENTURY HOME CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1915 SWEETGRASS LANE RENO, NV 89523</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>Surveyor: 25375</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 12-03-09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for seven Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of B.</p> <p>The following deficiencies were identified:</p> <p>Surveyor: 28725</p>	Y 000		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.  This Regulation is not met as evidenced by: Surveyor: 28725 Based on record review on 12-03-09, the facility failed to ensure one of three employees (Employee #2) complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #1 - #6).  Severity: 2 Scope: 3	Y 103			
Y 178 SS=C	449.209(5) Health and Sanitation-Maintain Int/Ext  NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.  This Regulation is not met as evidenced by: Surveyor: 28725 Based on observation on 12-03-09, the facility failed to ensure that the laundry area was free of accumated lint. The dryer filter contained a thick layer of built up lint and the area behind the	Y 178			

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Y 178	Continued From page 2  machine was covered with lint.  Severity 1 Scope 3	Y 178			
Y 530 SS=C	449.260(1)(e) Activities for Residents  NAC 449.260 (e) Provide for the residents at least 10 hours each week of scheduled activities that are suited to their interests and capacities.  This Regulation is not met as evidenced by: Surveyor: 28725 Based on observation, staff and resident interviews and record review on 12-03-09, the facility failed to provide scheduled activities for six of six residents. Staff and residents stated that the activity calender has not been followed for the past three weeks because the activity volunteer had not been in. Four of the six residents stated they wanted to participate in some activities again.  Severity 1 Scope 3	Y 530			
Y 698 SS=D	Residents Requiring use of Oxygen-Storage  2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (b) ensure that: (5) All oxygen tanks kept in the facility are secured in a stand or to a wall;  This REQUIREMENT is not met as evidenced	Y 698			

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Y 698	Continued From page 3  by: Surveyor: 28725 Based on observation and staff interview the facility did not ensure oxygen tanks were secured in a rack or to the wall in one of two resident rooms in which oxygen was being used. Four small full tanks of oxygen were stored lying on their sides under th bed of Resident #1 .  Severity: 2 Scope: 1	Y 698		
Y 879 SS=D	449.2742(6)(a)(2) Medication / Change order  NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (2) Indicate on the container of the medication that a change has occurred.  This Regulation is not met as evidenced by: Surveyor: 28725 Based on observation and record review on 12-03-09, the facility failed to indicate that a medication order had changed on the container of a medication for one of five residents taking medications (Resident #5, Prazolin).  Severity 2 Scope 1	Y 879		

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